

## EMPLOYMENT APPLICATION

Position Applied for: \_\_\_\_\_ Application Date: \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Home phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Are you available to work:  Full time?  Part time? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of work eligibility?  Yes  No  NA

Do you or will you in the future require sponsorship for employment visa status?  Yes  No

Have you ever worked or submitted an application with this agency before? If yes, when? \_\_\_\_\_  Yes  No

Do you have any friends or relatives employed by this company?  Yes  No

Are you currently employed?  Yes  No

Are you currently on layoff status and subject to recall?  Yes  No

May we contact your current employer?  Yes  No

Are you eligible to work in the United States? (Proof of eligibility will be required upon employment.)  Yes  No

Do you have a reliable means of transportation?  Yes  No

Have you ever been discharged from any employment or been asked to resign? (If yes, attach explanation.)  Yes  No

Are you bound by any agreement(s) (including signing a non-competition, non-disclosure, non-solicitation, or non-piracy agreement) that would limit your ability to work for the agency? (If yes, attach copy to this application.)  Yes  No

Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

If hired, would you be able to travel out of town/overnight?  Yes  No

If hired, would you be able to work overtime or weekends as needed?  Yes  No

### EMPLOYMENT

(start with most recent employment)

Employer		Telephone Number	
Full Address (Street, City, State & Zip)		Supervisor's Name & Title	
Employment Start Date	Employment End Date	Reason for Leaving	
Describe work performed			
_____			
_____			
_____			

Employer		Telephone Number	
Full Address (Street, City, State & Zip)		Supervisor's Name & Title	
Employment Start Date	Employment End Date	Reason for Leaving	
Describe work performed			
_____			
_____			
_____			

Employer		Telephone Number	
Full Address (Street, City, State & Zip)		Supervisor's Name & Title	
Employment Start Date	Employment End Date	Reason for Leaving	
Describe work performed			
_____			
_____			
_____			

Employer		Telephone Number	
Full Address (Street, City, State & Zip)		Supervisor's Name & Title	
Employment Start Date	Employment End Date	Reason for Leaving	
Describe work performed			
_____			
_____			
_____			

## EDUCATION

Name of School	Address of School	Grade Completed or Degree(s)	Subjects Studied

List any seminars, classes, or other education not listed above which may help qualify you for this position.

---



---

Optional: List any professional, trade, business, or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability, gender orientation, or any other protected status.

---



---

Optional: List any languages other than English that you can speak, read, or write that may be of benefit to the position applied for.

---



---

## DESIGNATIONS

(Check all that apply)

- CIC   
  CPCU   
  CLU   
  ChFC  
 CRM   
  CISR   
  Other \_\_\_\_\_

### LICENSES

P&C License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
L&H License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Broker's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Series 6 or 7 License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Other Licenses	Describe:	State & License #

If you have ever had an insurance license suspended or revoked, include details and explanation.

---



---

### SOFTWARE

(Check all that apply.)

Software	Skill Level	Version
Microsoft Word	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Excel	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Outlook	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Agency Management Software: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____

## REFERENCES

(Please include at least three professional/work related references and one personal reference. Professional references should be prior supervisors or managers directly familiar with your work.)

Name	
Full Address	
Phone #	
Title/Company	
Relationship	
Email address	

Name	
Full Address	
Phone #	
Title/Company	
Relationship	
Email address	

Name	
Full Address	
Phone #	
Title/Company	
Relationship	
Email address	

Name	
Full Address	
Phone #	
Title/Company	
Relationship	
Email address	

Name	
Full Address	
Phone #	
Title/Company	
Relationship	
Email address	

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, or qualifications that you believe should be considered in evaluating your qualifications for employment.

---

---

---

If hired, what value would you bring to our company?

---

---

---

Describe what you believe are the most unique features of your work history.

---

---

---

Desired Salary Range: \_\_\_\_\_



## NOTIFICATION AND AGREEMENT

(Please read before signing.)

It is **Frank Slaughter Insurance Agency Inc's** policy to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or sexual orientation, individuals with a disability, or any other characteristic protected by applicable Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information, and I also release **Frank Slaughter Insurance Agency, Inc** from all liability that might result from making an investigation.

If employed, I agree to not engage in any outside activity that would involve a material conflict of interest with, or could reflect adversely on **Frank Slaughter Insurance Agency**. I understand that **Frank Slaughter Insurance Agency, Inc** retains the right to solely decide when such a conflict exists.

If employed, I agree to hold in strictest confidence any information concerning **Frank Slaughter Insurance Agency, Inc**, its Insureds, and its Carriers that may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of **Frank Slaughter Insurance Agency, Inc** and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either **Frank Slaughter Insurance Agency, Inc** or myself. I understand that no representative of **Frank Slaughter Insurance Agency, Inc**, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this employment application does not guarantee that I have been employed by **Frank Slaughter Insurance Agency, Inc**. By signing this application, I indicate that I understand that this company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline up to and including termination.

I understand that if I am offered a position with this company, I may be given a pre-employment drug/alcohol test as a condition of employment. My refusal to submit to a drug/alcohol test in a timely manner, or my failure to pass such a test means that I will not be employed by this company without lawful and approved documentation of any such substance found in such a test. Negative test results are required as a condition of employment. Test results will be kept confidential.

I understand and agree that if I am employed, my employment will be at will, which means that the company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the company will respect my right to terminate my employment at any time with or without cause and with or without notice.

I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers, and friends.

I understand that the company is under no obligation to hire me as the result of accepting this completed application.

**I certify that all answers given by me are true, accurate, and complete pursuant to the penalty of perjury under the laws of this state. I certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.**

Signed \_\_\_\_\_ Date \_\_\_\_\_